



What Every North Dakota CNA Needs to Know



After Initial Certification

1. If you have taken and passed both the written and the skills CNA test, your first expiration date is two years from your test date.
2. If you choose to endorse into North Dakota after working as a CNA in another state, your first expiration date in ND will be two years from your date of endorsement.

Additional information how to renew a CNA/MA I or II is on the web site.

Please call the CNA Registry at the number listed below if you are unsure about any of the following:

1. **Your expiration date.**
2. **Renewal eligibility.**
3. **If you will need to retest.**

Certification Renewal

1. A 4 X 5 post card will be mailed out approximately 60 days before your CNA certification expires, which will give you instructions to renew on-line. This is the only notification you will receive.
2. There is no charge or fee for CNA renewal on the North Dakota Department of Health's CNA Registry.
3. Step by step instructions will follow on this form. You may change your address at anytime online at www.ndhealth.gov/HF. Name and address changes are very important information. Please be certain your current name and address are always provided to the registry, especially if either your name or address changes between renewal periods. Your renewal information form will not be delivered to you if your address is not current on the registry.
4. After your first renewal, your expiration date is expected to change each time your certification is renewed.
5. Your renewal is based on your last date worked. If you add two years to your last date worked, as verified by your employer, you will know your next expiration date.
6. In order to renew your certification, you must have worked a total of eight hours performing nursing or nursing related services in the last 24 months as a CNA and received payment for your hours worked. The eight hours worked does not have to be eight consecutive hours. The time can be broken down into two four-hour blocks, or four two-hour blocks and so on. As long as the total amount of time worked in a 24-month period adds up to eight hours or more, your certification can be renewed.

7. If your only employment was orientation, this will **not** count toward your renewal. You must have worked independently after completing your orientation.
8. If you were employed within your certification period and not currently employed, use your past employer information and your last date worked with your 24 month certification period.
9. If you renew your certification online yourself, we will contact your employer to verify the information that you provided.

STEP BY STEP DIRECTIONS FOR ON-LINE RENEWALS (CNA)

1. In the appropriate boxes on the search screen type in your name as it appears on your card.
 - a. If you have had a name change and have not contacted our office, our registry will reflect your previous name.
2. Registrant ID: This is your permanently assigned CNA number. This will be on your renewal notice (4 X 5 post card) you have received by mail.
3. Date of Birth: Self explanatory (mm/dd/yyyy).
4. Click on Search
 - a. If you are "not found"; the Registry may have your wrong date of birth, the spelling of your last name wrong, so please call 701-328-2353, and we can verify the information.
 - b. If a message comes up indicating, "you are ineligible to renew", the following are possibilities:
 - i. Your Registry status has already been renewed.
 - ii. Your certification expiration date is before today's date. Your registry status is automatically inactivated the day after your expiration date.
 - iii. There is only a 60 day window of time to renew, and today's date is more than 60 days before your expiration date.

Step by Step Directions for On-Line CNA Renewals (Con't)

5. After clicking on search and you have successfully located your information on the registry, a new box will appear "Registrant License(s)"
Click on the box ☐.
6. Click on Renew.
7. **"Registrant Information"** - Review the information on the page, your name and address, and make any and all necessary changes to update your information on the registry.
8. One phone number is required.
9. Email information is **not** required but preferred.
10. **"Employer Contact Information"**
 - a. "Name" is your supervisor's name (for example, Tom, Mary, Joe) or Director of Nursing's name, etc. (This is **not** a personal contact) use their first and last name.
 - b. "Phone" is the phone number of the facility/business where you are/were employed.
 - c. "Email", "Confirm Email" – **Employers**, if you are filling out this information with your employee, please include your work email address.
11. **"Disciplinary"**, these questions are to be filled out by the registrant.
 - a. If you answered "yes" to any question(s), please scan and e-mail a complete explanation of why you answered "yes" to, naregistry@nd.gov, **or** fax to 701.328.1890 **or** attach any court documents and mail them to Attention Nurse Aide Registry, Division of Health Facilities, 600 East Boulevard Avenue Dept 301, Bismarck, ND 58505-0200.
12. **"Application Certification"** – "Certification Date" is today's date. This is the date you are certifying or verifying the information submitted is true and correct. (You may use the calendar box to the right, which is automatically set on today's date.
 - a. Click on the box ☐. This is to certify/verify that all the above information is correct.
13. **"Employment/Employer Information"**
 - a. "Employer" – (Click to Search for Employer) A Search Employers box will appear.
 - b. City: Type in **city only.**, (example, Dickinson)
 - c. Employer: Type in name of facility/employer.
 - d. Click search.
 - i. If you are doing in-home care, your employer would be, "Private Care for Pay"
 - ii. If your employer is not listed, please give us a call, 701-328-2353, and will we work with you.
 - iii. If you find your employer, (example, St. Benedicts Health Center) click on "Select". This will automatically be entered onto the page.
 - e. "Last Date/Shift:" – This is the last date you actually worked, prior to your expiration date, providing nurse aide services and received payment.
 - f. "Employer Signature Date:" – Is today's date. You may use the calendar box to the right.
 - g. Click on the box ☐. This will authorize the information is correct.
14. **"Submit"** – Clicking on this box will send this information to our registry for review and approval.
 - a. If there are any errors, they will appear in **red** on the top of the page.
 - b. If there are no errors, a confirmation page will appear. Please print this for your records, and provide a copy to your employer. You can print out your card from our web site, as no card will be mailed out.

Please do not hesitate to contact the registry, 701-328-2353 during this process for any questions, and we will work with you. Our business hours are from 8 am to 5 pm Monday through Friday.

